

INACTIVE TO ACTIVE STATUS APPLICATION

In order to practice chiropractic in California, the law requires that you have a current valid license issued by the Board. **Please attach a copy of proof of completion of continuing education equivalent to that required for a single license renewal period.**

ALL questions on this application must be answered. Please submit the completed application and supporting documentation. When space provided is insufficient, attach additional sheets of paper. All attachments are considered part of the application. The Board will not process incomplete applications.

1. Please print or type:

| | | | |
|---------------------------|------------|--------------|------------------------|
| Name: | | License No.: | Expiration Date: |
| Current Practice Address: | City/State | Zip Code | Business Phone: () |

2. Have you ever been convicted of or pled guilty or no contest to any violation of a local, state, or federal law of any state, territory, country or U.S. federal jurisdiction? If yes, include an explanation and documentation of your criminal court documents (i.e. complaint, minute order, indictment, plea agreement, etc.) Traffic infractions that resulted in fines of less than five hundred dollars (\$500) that did not involve alcohol, dangerous drugs, or controlled substances need not be disclosed (CCR § 371(i)).

☐ Yes (Documentation is attached) ☐ No

3. Have you ever had disciplinary proceedings against any professional license including revocation, suspension, probation, voluntary surrender, or any other proceeding in this state or any other state?

☐ Yes (Explanation is attached) ☐ No

I certify under penalty of perjury under the laws of the State of California, that all information provided in connection with this application for inactive to active status is true, correct and complete. Providing false information or omitting required information may constitute grounds for disciplinary action against the license.

Signature

Print Name

Date

(Rev. 02/10)